BEST AVAILABLE COPT

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

	· ·			<u> </u>					10-			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	YTITY	OR	OTHER SMALL	
TC	OTAL CLAIMS							RATE	FEE		RATE	FEE
FO	R		NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TO	TAL CHARGEA	BLE CLAIMS	minus 20= *					X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 = *					X42=		OR	X84=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	PRESENT				•	+140=	,		+280=	
* If	the difference	in column 1 is	less than ze	ero, énte	r "0" in c	olumn 2		<u> </u>		OR	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	OTHER	THAN
		(Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	
AMENDMENT A	7 (51) (33 (8)	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 18	Minus	* 2	20-	=	,	X\$ 9=		OR	X\$18=	
	Independent	* 10	Minus	*** (<u>e</u>	=/	,	X42=/		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEP				ENDENT CLAIM			140=		OR	+280=	
				-		•		TOTAL			TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE			ADDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE I	<u></u>		ADDI į. FEEI	١
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	·	=		X42=	·	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]				+280=	
*	If the entry in colu	,	+140= TOTAL		OR	+28U=						
: ## ###	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

01402100000

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN	
TC	TAL CLAIMS		(Column 1)		(Column 2)		ו ב	TYPE		OR	SMALL		
-	TAL CLAINS		(8					RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	(minus 20= *				,	X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	φ mir	nus 3 = * ろ				X40=	120	OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=	120	OR	+270=	1	
* If the difference in column 1 is less than zero, enter						olumn 2	L	TOTAL	47(OR	TOTAL	1	
	C	LAIMS AS A	MENDED	ED - PART II				•			OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	COL AINA	=		X40=	·	OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [+135=		OR	+270≔	·	
							L	TOTAL		OR	TOTAL		
		(Column 1)		(Colu	mn 2\	(Column 3)	P	DDIT. FEE		1	ADDIT. FEE		
		CLAIMS	4.34	HIGH	IEST	Columnia	1 г		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	F OL ADA	=	┇	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							!	+135=		OR	+270=		
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		ODII. FEE		,	ADDIT. FEEL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	EST	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T 01 4114	<u> </u>	┇	X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┙┞	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL			TOTAL		
						n 20	. 11	101742		שנא	IOIAL		
	If the "Highest Nu If the "Highest Nu		aid For" IN THI aid For" IN THI	S SPACE S SPACE	is less tha is less tha	n 3, enter "3."		DDIT. FEE			ADDIT. FEE		